MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 366 STATE FILE NUMBER 63-028859

FILED AUG 6 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	7005		
2	7005		
3	2		
4	1		
5	1		
6			
7	2		
8	0		
9	70X		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
   a. COUNTY: Jackson
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence
   Length of stay in 1b: 8 yrs.
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 10617 E. 28th Terr.
   Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: Jackson
   c. CITY OR TOWN: Independence — Inside Limits: Yes ☐ No X
   d. STREET ADDRESS (If outside, give location): 10617 E. 28th Terr. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First FRANZISKA Middle Last TIFFANY

4. DATE OF DEATH: August 1, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-3-1923

9. AGE (last birthday): 40 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Germany

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Josef Eshmann

13b. MOTHER'S MAIDEN NAME: Kreszentia ?

14. NAME OF HUSBAND OR WIFE: William A. Tiffany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm. Tiffany, 10617 E. 28th Ter. Address: Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Liver Metastasis Cancer Breast
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): for July 13-1961.
   DUE TO (c): Cancer rt. Breast.
   INTERVAL BETWEEN ONSET AND DEATH:

   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

   PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 13-1961, to Aug. 1-1963 and last saw her/him alive on July 22-1963. Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Hunt M.D. (Degree or title)

22b. ADDRESS: 6400 Prospect, K.C. Mo

22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-3-1963

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Sheil Colonial Funeral Home, K.C.Mo.

25. DATE RECD. BY LOCAL REG.: 8-1-63

26. REGISTRAR'S SIGNATURE: Alba K Craig

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1963

JUL 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Thomas A Stout

Signature of Student Embalmer

Licensed Embalmer No. 4934

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

8-1-63